

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90005 002 ****70.00

DOCUMENT #N22673 ✓

1. Corporation Name
CHRIST APOSTOLIC CHURCH, MIAMI, INC)



* 6 615613-90014-14 3 *

Principal Place of Business Mailing Address
2601 N.W. 123RD STREET P. O. BOX 681517
MIAMI, FL 33168 MIAMI, FL 33168

21	2601 N.W. 123RD STREET	26	P. O. BOX 681517	3.	09/08/87
22	STREET	27		4.	65-0013263
23	MIAMI	28	MIAMI	5.	X \$8.75 Additional Fee Required
24	FL 33168 U.S.A.	29	FL 33168 U.S.A.	6.	Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AUGUSTINE O. AJAGBE 9505 S.W. 136 STREET MIAMI, FL 33176		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: AUGUSTINE O. AJAGBE DATE: 8/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTOR J. O. OKOYE	1.2 NAME	PASTOR JOSEPH OLAWALE
STREET ADDRESS	9505 S.W. 136 STREET	1.3 STREET ADDRESS	9530 W. DAFFODIL LANE
CITY-ST-ZIP	MIAMI, FL 33176	1.4 CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE O. AJAGBE	2.2 NAME	OLUWOLE ALLE
STREET ADDRESS	9505 S.W. 136 STREET	2.3 STREET ADDRESS	19170 NW 88 CT
CITY-ST-ZIP	MIAMI, FL 33176	2.4 CITY-ST-ZIP	MIAMI, FL 33018
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR ALFRED SHASHIMI	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTINE O. AJAGBE (D) DATE: 8/16/99 PHONE: (305) 254-7388

CR2E037 (11/98)